MARYLAND STATE DEPARTMENT OF HEALTH

05126

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 77

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead; LENGTH OF STAY (In this place) 3 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) L (Last) BAKER

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 23 1870

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: William Baker

14. MOTHER'S MAIDEN NAME: Lena Shaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 220-18-3068

17. INFORMANT AND ADDRESS: Mrs John L Baker - Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 1 wk

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1952, to May 27, 1952, that I last saw the deceased alive on May 26, 1952, and that death occurred at 6:50 A m., from the causes and on the date stated above.

SIGNATURE: W. H. Hoard (Degree or title) MD. ADDRESS: Manchester DATE SIGNED: 5/27/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 29/52 — NAME OF CEMETERY OR CREMATORY: London Park — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: May 27-1952 — REGISTRAR'S SIGNATURE: John L. Hughes — 24. FUNERAL DIRECTOR: Edw C Tipton — ADDRESS: Hampstead Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 29 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]5127

CERTIFICATE OF DEATH

Reg. Dist. No. 7-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Sykesville
LENGTH OF STAY (in this place): since 8/3/43
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): 2227 Gough Street,

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) ANDRZEJ (Last) BALCEROWICZ

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: October 26, 1882

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months —, Days —; IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bricklayer

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Frank Balcerowicz

14. MOTHER'S MAIDEN NAME: Victoria ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: 215-01-4109 Unknown

17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Chronic myocarditis and myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: more than one year

422.2

Antecedent cause(s) DUE TO (b) ---

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) ---

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Involutional psychosis, melancholia. (Lobotomy 6 years ago). — about 11 yrs

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ---

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ---

(CITY OR TOWN) ---

(COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.: ---

INJURY OCCURRED While at work ☐ Not while at work ☐ ---

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to May 5, 1952, that I last saw the deceased alive on May 5, 1952, and that death occurred at 8:40 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Martin Gross, M. D. ADDRESS Sykesville, Maryland DATE SIGNED 5/6/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 9 1952 — NAME OF CEMETERY OR CREMATORY: Holy Rosary Cemetery — LOCATION (City, town, or county) (State): Balto County

DATE REC'D BY LOCAL REG. 5-8-52 — REGISTRAR'S SIGNATURE T

24. FUNERAL DIRECTOR John M. Weber — ADDRESS 401 D. Chester Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05128

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sykesville
LENGTH OF STAY (in this place) 1 Week.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sykesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) COREY (Middle) EVELYN (Last) BARNETT

4. DATE OF DEATH (Month) May (Day) 17 (Year) 1952

5. SEX F

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 10-31-51

9. AGE last birthday ~~7 mo~~ yrs. If under 1 year Months 6 Days 17 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ralph Barnett

14. MOTHER'S MAIDEN NAME Stacey Garland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Ralph Barnett R.D. Sykesville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital Heart disease

7544 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 6 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T Marsh (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md DATE SIGNED 5/17/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 5-20-52

NAME OF CEMETERY OR CREMATORY Garland Cemetery

LOCATION (City, town, or county) Mitchell Co. (State) N.C.

DATE REC'D BY LOCAL REG. May 18, 1952

REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR C. M. Waltz ADDRESS Winfield Md.

9V0199V99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1A

RECEIVED
MAY 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05129

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster Rural — LENGTH OF STAY (in this place) 1 YR.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Liberty St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster Rural
STREET ADDRESS (If rural, give location) 14 Georgl St.

3. NAME OF DECEASED (Type or Print): (First) MINNIE (Middle) EASTON (Last) BARNHART
4. DATE OF DEATH: (Month) MAY (Day) 18 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widow	June 4 1885	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	-	Maryland	U.S.A.

13. FATHER'S NAME: Grover Easton
14. MOTHER'S MAIDEN NAME: Margaret Cables

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		nun	Thomas Barnhart 8 Washington Ave. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Min.
4201 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic C-V disease	Years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 1950, to May 20, 1952, that I last saw the deceased alive on May 16 1952, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James F Sharrer	M.D.	Westminster Md	May 20/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5-21-1952	Glandy Mount Cemetery	Westminster	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/20/52	[illegible]	H Bankard Son	Westminster Md

RECEIVED
MAY 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 05130 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-ATD 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Sykesville, Maryland
LENGTH OF STAY (in this place) 7½ months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3203 Westerwald Avenue

3. NAME OF DECEASED: (Type or Print) (First) Estella (Middle) May (Last) Black

4. DATE OF DEATH: (Month) 5 (Day) 21 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-8-1870

9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Young

14. MOTHER'S MAIDEN NAME: Mary Winters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ——— (If Yes, give war or dates of service) ———

16. SOCIAL SECURITY NO.: Unk

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

I20.1

Immediate cause (a) Coronary Sclerosis — Interval between onset and death: ?

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerosis — Interval between onset and death: Years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile dementia — More than 5 yrs.

19a. DATE OF OPERATION: ———

19b. MAJOR FINDINGS OF OPERATION: ———

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ———

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ——— (CITY OR TOWN) ——— (COUNTY) ——— (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY ——— M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? ———

22. I hereby certify that I attended the deceased from 11-19-, 1951, to 5-21-, 19 52, that I last saw the deceased alive on 5-21-, 19 52, and that death occurred at 3:55 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Walther H. Sonnenfeldt — ADDRESS Springfield State Hosp. - Sykesville, Md. — DATE SIGNED 5-21-52

W H Sonnenfeldt

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 5/24/52 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. May 22, 1952 — REGISTRAR'S SIGNATURE C. Avery Weer

24. FUNERAL DIRECTOR Wm Cook, Inc. — ADDRESS 1317 St Paul St.

RECEIVED
MAY 27 1952
BUREAU U.S.

M

1

VS. A-6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05131

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 12 y
HOSPITAL OR INSTITUTION OR STREET ADDRESS 88 W. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 88 W. Main St.

3. NAME OF DECEASED (Type or Print) (First) SYLVIA (Middle) A. (Last) BLOOM
4. DATE OF DEATH (Month) MAY (Day) 12 (Year) 1952
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) NIARRIED
8. DATE OF BIRTH NOV. 22-1886
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jessie Bair
14. MOTHER'S MAIDEN NAME Susan J. Aldrige
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS James C. Bloom 88 W. Main St. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	2 hrs
	Diabetic Coma	?
260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive	several years
	Diabetes	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1951, to May 12, 1952, that I last saw the deceased alive on May 12, 1952, and that death occurred at 12:15 P m., from the causes and on the date stated above.

SIGNATURE W. C. Jennette (Degree or title) MD. ADDRESS Westminster Md. DATE SIGNED 5-14-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 15-1952
NAME OF CEMETERY OR CREMATORY Meadow Branch Cemetery
LOCATION (City, town, or county) Westminster (State) Md.
DATE REC'D BY LOCAL REG. 5/14/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR H Bankard Son Westminster, Md. ADDRESS

RECEIVED
MAY 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 132

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 2 mo. 8 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 234 NORTH MONROE STREET

3. NAME OF DECEASED: (Type or Print) (First) ANNE (Middle) (Annie) (Last) BOSS

4. DATE OF DEATH: (Month) 5 (Day) 21 (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: 10-4-66
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ADAM DETZER
14. MOTHER'S MAIDEN NAME: MARGARET WEILESBACKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: ? ?
17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ARTERIOSCLEROTIC HEART DISEASE WITH CARDIAC DISEASE	1-2- years
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) HYPOSTATIC PNEUMONIA	3-4-days
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. SENILE PSYCHOSIS, SIMPLE DETERIORATION — 5 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work [ ] Not while at work [ ]
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 13 1952, to May 21, 1952, that I last saw the deceased alive on May 21, 1952, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE Gertrude M. Gross, M.D. (DEGREE OR TITLE) ADDRESS DATE SIGNED
Gertrude M. Gross, M.D. Springfield State Hospital, Sykesville, Maryland 5-22-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5/26/52
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.
LOCATION (City, town, or county). (State) Baltimore Md.

DATE REC'D BY LOCAL REG. 5-22-52
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR John A. Moran ADDRESS 3000 E. Balto. St
for H E Lewis

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

33

Reg. Dist. No. 77

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead (Rural) — LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead - Rural
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) DAVID — (Middle) J. — (Last) BRILHART

4. DATE OF DEATH: (Month) May (Day) 13 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widower

8. DATE OF BIRTH: Apr 20-1873

9. AGE last birthday: 79 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael S Brilhart

14. MOTHER'S MAIDEN NAME: Mandilla Hoover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Mrs Harry Schaeffer Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Carcinoma - Gastro Intestinal Primary Site undetermined — Interval Between Onset and Death: 6 Mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 1952

19b. MAJOR FINDINGS OF OPERATION: Metastatic Carcinoma - Gastro-Intestinal Origin

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 52, to May 13, 19 52, that I last saw the deceased alive on 5-12, 19 52, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

SIGNATURE: Maurice C. Pottsfield — (Degree or title) M.D. — ADDRESS: Hampstead, Md — DATE SIGNED: 5/13/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 15/52 — NAME OF CEMETERY OR CREMATORY: Snydersburg — LOCATION (City, town, or county) (State): Carroll Co Md

DATE REC'D BY LOCAL REG.: May 14-1952 — REGISTRAR'S SIGNATURE: John L. Hughes

24. FUNERAL DIRECTOR — ADDRESS: Eddie Clifton, Hampstead Md

RECEIVED
MAY 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 34-24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton

LENGTH OF STAY (in this place) 4 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 23,

STREET ADDRESS (If rural, give location) 2332 W. Lexington Street

3. NAME OF DECEASED: (Type or Print) (First) ANNETTE (Middle) (Last) BROOKS

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Negro	Single	Mar. 15, 1938	14 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Scholar	School	Baltimore, Maryland	

13. FATHER'S NAME: Gabe Terry

14. MOTHER'S MAIDEN NAME: Victoria Br·oks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	M r. Gabe Terry, 710 Brune Street (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Far Adv. bilateral pul. tbc. Tuberculous Meningitis	1 mth.
002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 19 52, to May 19, 19 52, that I last saw the deceased alive on May 19, 19 52, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
T.F. Westall	M. D.	Henryton, Md.	5/19/52

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	5.22.1952		Lancaster Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/19/52	Albert R. Swankhouse Deputy Local	Mrs Katie R. Williams	322 N Schroder St

VS-A15 8-51

RECEIVED
MAY 21 1952
BUREAU V. S.

35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester
LENGTH OF STAY (in this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 N. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester
STREET ADDRESS (If rural, give location) 19 N. Main St

3. NAME OF DECEASED (Type or Print) (First) Amanda (Middle) E. (Last) Brown
4. DATE OF DEATH (Month) 5 (Day) 27 (Year) 1952
5. SEX Fem.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 5/20/72
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Mfn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Housework
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Carroll Co Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Eli Markle
14. MOTHER'S MAIDEN NAME Mary Rinehart
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS J. Herring Brown Manchester Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral Hemorrhage	4 days
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Diabetes	1 yr
260x1	(c)	Arteriosclerosis	4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 17, 1947, to May 27, 1952, that I last saw the deceased alive on May 27, 1952, and that death occurred at 4:55 p.m., from the causes and on the date stated above.

SIGNATURE W. H. Foard (Degree or title) M.D. ADDRESS Manchester, Md DATE SIGNED 5/28/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/30/52
NAME OF CEMETERY OR CREMATORY Manchester Cem.
LOCATION (City, town, or county) (State) Manchester Carroll Md.
DATE REC'D BY LOCAL REG. May 29/52
REGISTRAR'S SIGNATURE Mrs. W. P. Denner
24. FUNERAL DIRECTOR R B Wink ADDRESS Manchester Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Jun 3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1 324

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY CARROLL — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN) RURAL, SYKESVILLE

LENGTH OF STAY (in this place) 15 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE

STREET ADDRESS (If rural, give location) 110 W. Saratoga St. 3035 WINDSOR AVENUE (NURSING HOME)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
TONG		CHIN	5	26	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	MONGOLIAN	SINGLE	1860 ?	91 (?) yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Errand man	Unk -	China	Unk -

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unk -	Unk -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
?	Unk	HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) BRONCHOPNEUMONIA — 4 days

DUE TO

491 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. SENILE PSYCHOSIS, SIMPLE DETERIORATION

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1952, to May 26, 1952, that I last saw the deceased alive on May 26, 1952, and that death occurred at 7 a. m., from the causes and on the date stated above.

SIGNATURE Henry N. A. Mead (DEGREE OR TITLE) M. D. ADDRESS Springfield State Hospital, Sykesville, Maryland DATE SIGNED May 26, '52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 30 1952	Lorraine Cemetery	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 27 1952	C. Harry Weer	Stewart & Mowen Co.,	108 W. North Ave. Balto. #1, Md.

VS. 415 5-51

RECEIVED
MAY 28 1957
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 138

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GLEN ECHO
STREET ADDRESS (If rural, give location) 6102 MACARTHUR BLVD. ✓

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) J (Last) CURTIN

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 19 52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2-12-89

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Navy Yard

10b. KIND OF BUSINESS OR INDUSTRY: Machinist

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOHN CURTIN

14. MOTHER'S MAIDEN NAME: CATHERINE CAREY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 1½ hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Hypertensive Arteriosclerotic Cardiovascular Disease — Indefinite
DUE TO (c)

443 X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 7, 19 52, to May 6, 19 52, that I last saw the deceased alive on May 6, 19 52, and that death occurred at 7:10 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Henry C. A. Mead, M. D. Henry C. A. Mead Springfield State Hospital, Sykesville, Maryland May 6, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 9 1952 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem. — LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG. May 7, 1952

REGISTRAR'S SIGNATURE Stanley Rees

24. FUNERAL DIRECTOR ADDRESS: Devol Funeral Home, Washington D.C.

VS, AIE 8-51

RECEIVED
MAY 8 1952
BUREAU V. S.

39

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) John Street

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Ezra (Last) Fisher
4. DATE OF DEATH (Month) May (Day) 31 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov.10,1869
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Stock Yards
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 212-14-6951
17. INFORMANT AND ADDRESS Mrs.Geraldine Bowers R.3 Westminster

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrage	Few minutes
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. No

19a. DATE OF OPERATION X
19b. MAJOR FINDINGS OF OPERATION X
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) X
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) X (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) X m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from ? , 1950 to 5-21 , 1952 that I last saw the deceased alive on 5-30 , 1952 and that death occurred at — m., from the causes and on the date stated above.

SIGNATURE W. J. Stone (Degree or title) ADDRESS Westminster Md DATE SIGNED 6-1-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 3,1952
NAME OF CEMETERY OR CREMATORY Stone Chapel
LOCATION (City, town, or county) (State) near Warfieldsburg,Md.
DATE REC'D BY LOCAL REG. 6/1/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John R. Byers ADDRESS Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 4 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

140

Reg. Dist. No. 81

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middleburg; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middleburg; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Benjman (Middle) Jacob (Last) Fleagle

4. DATE OF DEATH: (Month) 5 (Day) 25 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-12-1879

9. AGE last birthday: 72 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saw Ranger

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Milton Fleagle

14. MOTHER'S MAIDEN NAME: Martha Neslbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Mrs Carrie Fleagle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

3314

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-8-, 1952, to 5-25-, 1952, that I last saw the deceased alive on 5-25, 1952, and that death occurred at 10-0M m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. H Legg. M. D. ADDRESS Union Bridge DATE SIGNED 5-27-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE 5-29-52 NAME OF CEMETERY OR CREMATORY Beaver Dam LOCATION (City, town, or county) Near Union Bridge (State) Md

DATE REC'D BY LOCAL REG. May 29 1952 REGISTRAR'S SIGNATURE Jessie Repp

24. FUNERAL DIRECTOR: Raymond K. Haight ADDRESS

RECEIVED
MAY 29 1952
BUREAU V. S.

41

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A16A

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Silver Run

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Near Westminster
STREET ADDRESS (If rural, give location): Silver Run

3. NAME OF DECEASED (Type or Print): (First) MILTON (Middle) THOMAS (Last) FLICKINGER

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Nov. 28-1866

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Carroll County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William F. Flickinger

14. MOTHER'S MAIDEN NAME: Maria Schuler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Curvin S. Flickinger, Westminster, Md. R. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	1 hour.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ **CAUSE OF DEATH.**

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): James T. March, Deputy Medical Examiner — **ADDRESS:** Westminster Md. — **DATE SIGNED:** May 19 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** May 22, 1952 — **NAME OF CEMETERY OR CREMATORY:** St. Mary's Union Cemetery — **LOCATION (City, town, or county) (State):** Silver Run, Md.

DATE REC'D BY LOCAL REG.: V 23 52 — **REGISTRAR'S SIGNATURE:** [illegible] — **24. FUNERAL DIRECTOR:** J. M. Little & Son, Littlestown, Pa. — **ADDRESS:**

Per. O. A. Little.

RECEIVED
MAY 21
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

142

Reg. Dist. No. 79

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hosp.	STREET ADDRESS (If rural, give location): 405 Folsom Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Charles F. Fortmann				4. DATE OF DEATH (Month) (Day) (Year): 5/2/1952	19
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single	8. DATE OF BIRTH: 2/25/1918	9. AGE last birthday: 34 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none	10b. KIND OF BUSINESS OR INDUSTRY: none	11. BIRTHPLACE (State or foreign country): Baltimore Md.		12. CITIZEN OF WHAT COUNTRY: U.S.A.	
13. FATHER'S NAME: George H. Fortmann		14. MOTHER'S MAIDEN NAME: Lillian A. Mack			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Lillian A. Fortmann 405 Falsom St.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial insufficiency

422.2 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Epilepsy - Psycho-neurosis

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify): —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —	(CITY OR TOWN) (COUNTY) (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/15, 1952, to 5/2, 1952, that I last saw the deceased alive on 5/2, 1952, and that death occurred at 5.45 p. m., from the causes and on the date stated above.

SIGNATURE: John A. Scheurich (Degree or title) Md — ADDRESS: 337 S. Charles St Balto — DATE SIGNED: 30 Mar

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 5/6/1952	NAME OF CEMETERY OR CREMATORY: Cathedral	LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG.: 5/5/52	REGISTRAR'S SIGNATURE: a W Hedrick	24. FUNERAL DIRECTOR: Flynn & Fleming	ADDRESS: 1426 Light St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore Carroll MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Finksburg Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY [illegible]; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; STREET ADDRESS (If rural, give location) 137 Westminster Rd

3. NAME OF DECEASED (Type or Print): (First) Daisy (Middle) D. (Last) Fox

4. DATE OF DEATH: (Month) May (Day) 29, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: June 4 1880

9. AGE last birthday: 71 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carroll Co. Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Chas D. Fox

14. MOTHER'S MAIDEN NAME: Mary C. Frazer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-14-3152

17. INFORMANT AND ADDRESS: Mrs. Margaret Adele Fox, 137 Westminster Rd Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1514 Immediate cause (a) Carcinoma of Stomach

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) C. metastasis to the liver (c) Hernia.

INTERVAL BETWEEN ONSET AND DEATH: (a) about 6 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: [illegible]

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): [illegible]

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): [illegible]

TIME OF INJURY (Month) (Day) (Year) (Hour): [illegible] m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-30, 19..... to 5-29-52, 19....., that I last saw the deceased alive on 5-29-52, 19....., and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE: Amos G. Safell M.D. (Degree or title) ADDRESS Reisterstown Md. DATE SIGNED 5-29-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 2, 1952

NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.

LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE REC'D BY LOCAL REG.: 6/2/52

REGISTRAR'S SIGNATURE: A. W. Redmond

24. FUNERAL DIRECTOR: Chas Limbert

ADDRESS: 4510 Eastern Ave Balto 24 Md

VS. 4-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1197

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 8-51

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville

LENGTH OF STAY (in this place) since 11/23/51

HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY ---

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City

STREET ADDRESS (If rural, give location) ---

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Wesley (Last) GERBRICK

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: March 23, 1875

9. AGE last birthday: 77 yrs.

IF UNDER 1 YEAR: Months - Days -

IF UNDER 24 HRS.: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipyard worker

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Samuel W. Gerbrick

14. MOTHER'S MAIDEN NAME: Louise Dietz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Lobar pneumonia	5 days
490X Antecedent cause(s)	DUE TO (b) ---	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c) ---	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis; Psychosis with cerebral arteriosclerosis — about 3 years

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ---

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --- (CITY OR TOWN) --- (COUNTY) --- (STATE)

TIME OF INJURY (Month) --- (Day) --- (Year) --- (Hour) --- M.

INJURY OCCURRED While at work ☐ Not while at work ☐ ---

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from March 30 1952, to May 9, 1952, that I last saw the deceased alive on May 9, 1952, and that death occurred at 11:35 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Martin Gross, M. D. ADDRESS Sykesville, Maryland DATE SIGNED 5/9/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5/12/1952

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) Anne Arundel Co. Md.

DATE REC'D BY LOCAL REG. 5/12/52

REGISTRAR'S SIGNATURE A. W. Pedrick

24. FUNERAL DIRECTOR Clarence F. Hoffmann ADDRESS 1639 Broadway

Donor

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

U0144

Reg. Dist. No. 87

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy
LENGTH OF STAY (in this place) 7 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy
STREET ADDRESS (If rural, give location) Montgomery Ave.,

3. NAME OF DECEASED (Type or Print) (First) W (Middle) HOWARD (Last) GILLIS
4. DATE OF DEATH (Month) May (Day) 25 (Year) 1952

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 4-29-1883
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gas Station Attendant
10b. KIND OF BUSINESS OR INDUSTRY Garage
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Albert Gillis
14. MOTHER'S MAIDEN NAME Rachel Esworthy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-10-2715
17. INFORMANT AND ADDRESS Herman Gillis, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1952, to May 25, 1952, that I last saw the deceased alive on May 25, 1952, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE C. M. Van Poole (Degree or title) Md ADDRESS Mt Airy Md DATE SIGNED May 25/52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 5-28-1952
NAME OF CEMETERY OR CREMATORY Pine Grove
LOCATION (City, town, or county) (State) Carroll Co., Md.

DATE REC'D BY LOCAL REG. May 26/52
REGISTRAR'S SIGNATURE Thos D Snyder
24. FUNERAL DIRECTOR C. M. Waltz, Winfield, Md. ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A1-1

RECEIVED
MAY 29 1952
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH 46

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 82

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Carroll; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Mt.Airy; LENGTH OF STAY (in this place): 30 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Mt. Airy; STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ALBERT (Middle) E. (Last) GRIMES

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 4-1-1896

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer owner

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Charles Grimes

14. MOTHER'S MAIDEN NAME: Martha Elizabeth Brandenburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Edith Grimes, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 2 ½ hours

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 9, 1952, to May 27, 1952, that I last saw the deceased alive on May 27, 1952, and that death occurred at 7 35 A. m., from the causes and on the date stated above.

SIGNATURE: W B. Caldwell (Degree or title): M.D. ADDRESS: Mt Airy Md. DATE SIGNED: May 27, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL DATE: 5-30-1952 NAME OF CEMETERY OR CREMATORY: Mt. Olive LOCATION (City, town, or county) (State): Carroll Co., Md.

DATE REC'D BY LOCAL REGISTRAR: May 28/52 REGISTRAR'S SIGNATURE: Tom D Kuyden

24. FUNERAL DIRECTOR: C. M. Waltz, ADDRESS: Winfield, Md.

RECEIVED
JUN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. (0)145 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton

LENGTH OF STAY (in this place): 29 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 2,

STREET ADDRESS (If rural, give location): 1017 N. Cental Avenue

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
BEATRICE HART	May 26 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	Negro	Single	Oct.,28,1928	23 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Dishwasher	Hotel	N. Caroline	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph Hart	Lillian Jarmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	24-24-4205	Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

OOZX

Immediate cause (a) Far advance bilateral pulmonary cavitary TB. — INTERVAL BETWEEN ONSET AND DEATH: 3 Months-(?)

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from April 28 1952, to May 26, 1952, that I last saw the deceased alive on May 26, 19 52, and that death occurred at 4:45 A. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
I. F. Hedal	M. D	Henryton, Maryland	5/26/52

23. BURIAL, CREMATION OR REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 1, 1952	Rock Mt. Cem.	Rocky Mt. — N. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/26/52	Albert R. Smallwood, Deputy Local	Mrs. Ruth Elliott Dempsey	1129 N. Carolina St.

M-I-T

V.S. A15 8-51

RECEIVED
JUN 2 1952
BUREAU V. S.

147

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 70

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Hilbert

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Apr. 16, 1869
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months X Days XX IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? W.S.A

13. FATHER'S NAME: John Newcomer
14. MOTHER'S MAIDEN NAME: Lavina E. Leister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Amos J. Hilbert Taneytown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days
DUE TO
331X
Antecedent cause(s) (b) Arterio Sclerosis — 5 years
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 28, 1952, to May 3rd 1952, that I last saw the deceased alive on May 2nd, 1952, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

SIGNATURE C M Benner (DEGREE OR TITLE) MD ADDRESS Taneytown Maryland DATE SIGNED May 6th, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 6, 1952
NAME OF CEMETERY OR CREMATORY Reformed
LOCATION (City, town, or county) (State) Taneytown, Md.

DATE REC'D BY LOCAL REG. May 6, 1952
REGISTRAR'S SIGNATURE Ethel M Mehring
24. FUNERAL DIRECTOR C.O. FUSS & SON ADDRESS Taneytown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 48

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton

LENGTH OF STAY (in this place) 4yrs. 5mths 10days

HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland

STREET ADDRESS (If rural, give location) 1038 W. Lexington Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Lloyd	Allen	James	May	20	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Single	January 25, 1941	11 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Scholar		Baltimore, Maryland	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William James	Eleanor Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Eleanor James 1038 W. Lexington St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tuberculous Spoudylitis of Thoracic Spine	September, 1948
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Tuberculosis of right elbow with draining sinuses over right elbow and right chest.	
	(c) DUE TO	

0123

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Feb. 10 19 48, to May 20, 19 52, that I last saw the deceased alive on May 20, 19 52, and that death occurred at 1:55 P.M., from the causes and on the date stated above.

SIGNATURE T. F. Vestal (DEGREE OR TITLE) M. D. ADDRESS Henryton, Maryland DATE SIGNED 5/20/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 23	Mt. Carmel	Glyndon, Balto. Co.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/20/52	Albert A. Trumbaur Deputy Local	A. H. Hilsea	918 Dru/Ave

U.S. 16-8-51

RECEIVED
MAY 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74 49

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton — LENGTH OF STAY (in this place) 3mths.4days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke City
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL	STREET ADDRESS (If rural, give location) Rt. 3 Box 62

3. NAME OF DECEASED: (Type or Print)	(First) CLYDE	(Middle)	(Last) JONES	4. DATE OF DEATH:	(Month) May (Day) 15 (Year) 1952
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: October 15,1928	9. AGE last birthday: 23 yrs.	IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming	10b. KIND OF BUSINESS OR INDUSTRY: Farm helper	11. BIRTHPLACE (State or foreign country): Pungoteague, Virginia	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: Smith Jones	14. MOTHER'S MAIDEN NAME: Sue Moore				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT & ADDRESS: Deceased			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause C 2X	(a) Far advanced bilateral cavitary tuberculosis	May,1951
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb. 11, 1952, to May 15, 1952, that I last saw the deceased alive on May 15, 1952, and that death occurred at 7:25 P.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
T.F. Vestal	M.D.	HENRYTON, MD.	5/15/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF 5/18/52	NAME OF CEMETERY OR CREMATORY Boston cem.	LOCATION (City, town, or county) (State) Pungoteague, Va.
DATE REC'D BY LOCAL REG. 5/15/52	REGISTRAR'S SIGNATURE Albert R. Swankham	24. FUNERAL DIRECTOR Edgar Whaston	ADDRESS New Church Va.

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A19 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 574

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 4 mths. 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mayo
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ELLEAN (Middle) (Last) JOYCE
4. DATE OF DEATH: (Month) May (Day) 12 (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 17, 1932
9. AGE last birthday: 20 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Private family
11. BIRTHPLACE (State or foreign country): Mayo, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Joyce
14. MOTHER'S MAIDEN NAME: Eleanor Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 216-30-0021
17. INFORMANT & ADDRESS: Elleanor Joyce, Mayo, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Far Advanced Bilateral Pulmonary Tuberculosis with cavitation. — INTERVAL BETWEEN ONSET AND DEATH: June, 1951

002X

Antecedent cause(s) DUE TO

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 26, 1951, to May 12, 1952, that I last saw the deceased alive on May 12, 1952, and that death occurred at 8:40 A. m., from the causes and on the date stated above.

SIGNATURE T.F. Vestal (DEGREE OR TITLE) M. D. ADDRESS Henryton, Maryland DATE SIGNED 5/12/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~: DATE THEREOF 5/16/52 NAME OF CEMETERY OR CREMATORY Methodist LOCATION (City, town, or county) Mayo, A.A.Co. (State) Md

DATE REC'D BY LOCAL REG. 5/12/52 REGISTRAR'S SIGNATURE Albert R. Swanthaus Deputy Local
24. FUNERAL DIRECTOR J. B. Johnson ADDRESS Annapolis

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 16 1952
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 151

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Maryland
LENGTH OF STAY (in this place) 3 mos. 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland (?)
STREET ADDRESS (If rural, give location) ———

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) ——— (Last) Kaiden

4. DATE OF DEATH: (Month) 5 (Day) 28 (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept 1, 1858 Unknown
9. AGE last birthday: 93 Approx. 91 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ——— Unk.
10b. KIND OF BUSINESS OR INDUSTRY: ——— Unk.
11. BIRTHPLACE (State or foreign country): Cumberland, Md. Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ——— ? (If Yes, give war or dates of service) ——— ?
16. SOCIAL SECURITY NO.: Unk ———
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Myocardial damage	2 mos.
443x	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Hypertension	?
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis, simple deterioration ?

19a. DATE OF OPERATION: ———
19b. MAJOR FINDINGS OF OPERATION: ———
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ———
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ———
(CITY OR TOWN) ——— (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ——— M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? ———

22. I hereby certify that I attended the deceased from 3-24-, 1952, to 5-28-, 1952, that I last saw the deceased alive on 5-28-, 1952, and that death occurred at 1:10 P.m., from the causes and on the date stated above.

SIGNATURE Walther H. Sonnenfeldt, M.D. (DEGREE OR TITLE) ADDRESS Sykesville, Md. Springfield State Hosp. DATE SIGNED 5-28-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5-31-52
NAME OF CEMETERY OR CREMATORY Cathedral
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. May 29 1952
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Leonard J. Ruck ADDRESS 5305 Harford Rd.

RECEIVED
JUN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

152 76

Reg. Dist. No. 33

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Finksburg — LENGTH OF STAY (in this place): 2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Finksburg Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): WILLIAM KELBAUGH
4. DATE OF DEATH (Month) (Day) (Year): May 9 1952
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: May 2-1891
9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Odd jobs
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Samuel Kelbaugh
14. MOTHER'S MAIDEN NAME: Ida Murray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory failure

X12.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Bed sores - Inanition — Wrecks.

(c) Fractured femur and ribs, Hydrothorax - Laceration head — 7 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 22 51 m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Struck by tractor trailer

22. I hereby certify that I attended the deceased from 3-19, 1952, to 5/9, 1952, that I last saw the deceased alive on 5/8, 1952, and that death occurred at 9:45A m., from the causes and on the date stated above.

SIGNATURE: James T. Marsh — (Degree or title): M.D. — ADDRESS: Westminster Md — DATE SIGNED: 5/9/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 11, 1952 — NAME OF CEMETERY OR CREMATORY: Pleasant Hill Cemetery — LOCATION (City, town, or county) (State): Owings Mills, Md.
DATE REC'D BY LOCAL REG.: 5-10-52 — REGISTRAR'S SIGNATURE: Harry B. Eline — 24. FUNERAL DIRECTOR: J.F. Eline & Sons, Reisterstown, Md. — ADDRESS:
L. H. Woodward - cmc

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 T

RECEIVED
MAY 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 15504

1. PLACE OF DEATH: Sykesville
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) unknown

3. NAME OF DECEASED: (Type or Print) (First) Max (Middle) (Last) Lewinston

4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1883

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser

10b. KIND OF BUSINESS OR INDUSTRY: ——

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? Russia?

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Occlusion	minutes
421.4	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Valvular heart disease	more than 12 yrs.
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. schizophrenia, paranoid type — 40 yrs.

19a. DATE OF OPERATION: ——

19b. MAJOR FINDINGS OF OPERATION: ——

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ——
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ——
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) —— M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? ——

22. I hereby certify that I attended the deceased from Sept. 1 19 47, to May 17, 19 52, that I last saw the deceased alive on May 17, 19 52, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (DEGREE OR TITLE) ADDRESS Sykesville, Md DATE SIGNED 5-17-52

Martin Gross, M.D.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5/19/52
NAME OF CEMETERY OR CREMATORY Oheb Shalom
LOCATION (City, town, or county) Balto (State) Md.

DATE REC'D BY LOCAL REG. May 19, 1952
REGISTRAR'S SIGNATURE C. Harry Weed
24. FUNERAL DIRECTOR Jack Lewis Inc — 2100 Eutaw Pl. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15 5-51

RECEIVED
MAY 20 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

54

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster | LENGTH OF STAY (In this place) 45 Years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 148 E. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waynesboro
STREET ADDRESS (If rural, give location) 118 W. Fifth St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joseph	Erwin	Martin	May 11 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	White		July 23, 1903	48 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Auto Body Worker	Farmer	Brunswick Md.	U.S.A.

13. FATHER'S NAME John E. Martin
14. MOTHER'S MAIDEN NAME Hanna Brumm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. Jos. E. Martin, 118 W. Fifth St. Waynesboro, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Minutes.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐ Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Due to not [illegible] Dis.		[illegible]	[illegible]

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/22/52	Brownsville Mem. Pk.	Brownsville	Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/19/52	[signature]	Walter Y. Dove	Waynesboro Pa.

VS. A15A

RECEIVED
MAY 21
BUREAU V. S.

55

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster — LENGTH OF STAY (in this place) 45 YRS.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
HOSPITAL OR INSTITUTION OR STREET ADDRESS 235 E. Main	STREET ADDRESS (If rural, give location) 235 E. Main

3. NAME OF DECEASED (Type or Print) (First) MINNIE (Middle) (Last) MITTEN				4. DATE OF DEATH (Month) May (Day) 20 (Year) 1952		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 12-1-1880	9. AGE last birthday 71 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Charles Magin Sr.			14. MOTHER'S MAIDEN NAME Martha Leigh			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS 235 E Main Mrs Elizabeth Merrill Westminster			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	CORONARY THROMBOSIS	5 MINUTES
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	CORONARY ARTERIOSCLEROSIS	3 YEARS
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC. 22, 1949, to MAY-20, 1952, that I last saw the deceased alive on MAY-20, 1952 and that death occurred at 12 NOON, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stuart D. Sorley	M.D.	201 EAST 33RD	5/21/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF May 24-1952	NAME OF CEMETERY OR CREMATORY Westminster	LOCATION (City, town, or county) Westminster (State) Md.
DATE REC'D BY LOCAL REG. 5/22/52	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR [illegible]	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
MAY 26 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19 56

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 1mth. 13days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland
STREET ADDRESS (If rural, give location) 2439 Guilford Avenue

3. NAME OF DECEASED: (Type or Print) (First) Loretta (Middle) Margaret (Last) Moore

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: November 5, 1930

9. AGE last birthday: 21 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Taylor Harvey

14. MOTHER'S MAIDEN NAME: Mary Hunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Far adv. bilateral cavitary tuberculosis	Aug., 1945
0027 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1952 to May 16, 1952, that I last saw the deceased alive on May 16, 1952, and that death occurred at 5:00 P m., from the causes and on the date stated above.

SIGNATURE T. F. Westal (DEGREE OR TITLE) M. D. ADDRESS HENRYTON, MARYLAND DATE SIGNED 5/16/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 5-20-52 — NAME OF CEMETERY OR CREMATORY Mt. View Cem. — LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 5-16-52 — REGISTRAR'S SIGNATURE Albert R. Swankhaus Deputy Local — **24. FUNERAL DIRECTOR** Charles A. Rice — ADDRESS 66 W. Bare St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
MAY 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 57 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) 7 yrs 7 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Hazel (Middle) Walbeck (Last) Mowlds

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 18, 1904
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Harford County, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Adam Walbeck
14. MOTHER'S MAIDEN NAME: Cora Delevette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital records, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bilateral pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH years

002X

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1934, to May 7, 1952, that I last saw the deceased alive on May 7, 1952, and that death occurred at 3:55 A.m., from the causes and on the date stated above.

SIGNATURE Henry C. A. Mead (DEGREE OR TITLE) M. D. ADDRESS Sykesville, Md. DATE SIGNED 5/7/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5/9/52
NAME OF CEMETERY OR CREMATORY Deer Creek
LOCATION (City, town, or county) (State) Chestnut Hill Harford Md

DATE REC'D BY LOCAL REG. 5/8/52
REGISTRAR'S SIGNATURE C Harry Neer
24. FUNERAL DIRECTOR Charles E. Kurtz ADDRESS Garrettsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
MAY 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

58

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster — LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reisterstown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster (Rural)
STREET ADDRESS (If rural, give location) Reisterstown Road

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) EDGAR (Last) MURRAY
4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	married	May 5, 1871	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner
11. BIRTHPLACE (State or foreign country): Carroll Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Murray
14. MOTHER'S MAIDEN NAME: Mary Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Miss Margaret Murray, R. 2 Westminster

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Vascular Lesions — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from about May 15, 1935, to May 11, 1952, that I last saw the deceased alive on May 10, 1952, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Billingslea	M.D.	Westminster, Md.	5-12-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 14/52	Westminster Lutheran	Westminster Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/12/52	H. Wunderlich	J. T. Gist Sons	Westminster Md.

VS-A 13

RECEIVED
MAY 14 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 78

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 418 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Taneytown
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Maude (Middle) E. (Last) Myers
4. DATE OF DEATH: (Month) May (Day) 22, (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	December 24, 1895	56 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housework	Own Home	Maryland	U.S.A.

13. FATHER'S NAME: William S. Walter
14. MOTHER'S MAIDEN NAME: Mary E. Hopp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:
no		James C. Myers, Taneytown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Diabetes with Arteria Sclerosis	5 years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from May 9th 19.52, to May 22, 19.52, that I last saw the deceased alive on May 21st, 19.52, and that death occurred at 5:55 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
C. M. Bennett MD Taneytown Maryland May 23, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/26/52	St. Josephs Cemetery	Taneytown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
May 24, 1952	Ethel M Mehring	C.O.Fuss & Son, Taneytown, Maryland

RECEIVED
MAY 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05160

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmontown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) RICHARD (Middle) LEE (Last) MYERS
4. DATE OF DEATH (Month) May (Day) 24 (Year) 1952
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 7/12/1435
9. AGE last birthday 16 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) almost boy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? —
13. FATHER'S NAME C. Edward Myers
14. MOTHER'S MAIDEN NAME Mabel Bentzel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS C. E. Myers, Emmontown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured Skull. Dislocated cervical vertebrae —

8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 140 (CITY OR TOWN) Westminster (COUNTY) Carroll (STATE) Md.
TIME OF INJURY (Month) May (Day) 24 (Year) 52 (Hour) 1:10 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Automobile accident - [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection , ~~Inquiry~~ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident ✓ suicide , homicide , undetermined .*

SIGNATURE James T. March (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md DATE SIGNED 5/24/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 5/26/52 NAME OF CEMETERY OR CREMATORY Lutheran Cemetery LOCATION (City, town, or county) Emmontown, Md. (State)

DATE REC'D BY LOCAL REG. 5/24/52 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR D. D. Hertzler & Sons ADDRESS Emmon Bridge & New Windsor, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

MAY 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 61

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland Mills
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland Mills
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) E. (Last) Newton

4. DATE OF DEATH: (Month) May (Day) 19th (Year) 1952

5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Strike out)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	4/12/1891	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Laborer	Woolen Mills	Carroll Co. Md.	

13. FATHER'S NAME: John Newton

14. MOTHER'S MAIDEN NAME: Caroline Shaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Oakland Mills C. Helen Newton Carroll Co. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinomatosis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Carcinoma of stomach	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Wm. E. Martin M.D.	Randallstown Md	5/19/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	5/22/52	Fork	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/21/52	GMT	Wm Cook Inc.	1217 St. Paul St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

'62

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead — LENGTH OF STAY (in this place) 1 YR 8 MOS.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Walter	(Middle) William	(Last) Orwig	4. DATE OF DEATH	(Month) May	(Day) 16	(Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 19, 1886	9. AGE last birthday 65 yrs yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Head Clerk	10b. KIND OF BUSINESS OR INDUSTRY B & O RR	11. BIRTHPLACE (State or foreign country) Glen Rock, Pa.	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME William Orwig	14. MOTHER'S MAIDEN NAME						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If year, give war or dates of service) World War 1	16. SOCIAL SECURITY No. 705-05-9562	17. INFORMANT AND ADDRESS Mrs. Alma P. Orwig, Hempstead, Md.				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	5 min.
420.1 Antecedent cause(s)	(b) Coronary Arteriosclerosis	2 yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from dead on arrival, 19..., that I last saw the deceased alive on ....., 19....., and that death occurred at 8:15 p.m., from the causes and on the date stated above.

SIGNATURE M. C. Porterfield, M.D. (Degree or title) A Coroner Medical Examiner ADDRESS Hampstead, Md. DATE SIGNED 5/17/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE May 20, 1952	NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	LOCATION (City, town, or county) (State) Randallstown, Md.
DATE REC'D BY LOCAL REG. 5/19/52	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR [signature]	ADDRESS 4510 Liberty Heights Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

(OVER)

63

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V.S. A15A

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS "Clearfield"

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; STREET ADDRESS R. D. (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	HARRY	CLAYTON	REESE		May	8	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	May 21-1872	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Carrollton Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Noah Reese	Morgan Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Unknown		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
1221 Immediate cause	(a) Arteriosclerotic C.V. disease & decompensation	months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

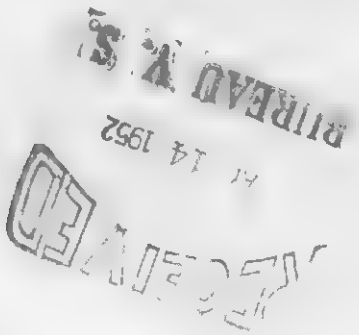
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Deputy Medical Examiner Westminster, Md. May 12, 52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 13, 1952	St. John's Catholic	Westminster	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/12/52	H. C. Woodward	John R. Byers	Westminster, Md.

Sent query on age. See Film G144 7/9/52 whw.



MARYLAND STATE DEPARTMENT OF HEALTH 5164

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Finksburg
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Finksburg, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Finksburg R. D.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROBERT		REESE	May	4,	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	May 1, 1894	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farm laborer	farm laborer	Carroll Co., Md.	

13. FATHER'S NAME: Alsalun Reese
14. MOTHER'S MAIDEN NAME: Alice Stansbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO		Arthur P. Reese

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fatty Liver

(c) Chronic Alcoholism

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
Stanley K. Dunbaugh	Assistant Medical Examiner, 700 Fleet St., Balto. 2, Md.	5/5/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 8, 1952	Kriders Cemetery	Carroll County, Maryland

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
5/6/52	A. W. Hesch	Bankert and Sons, Westminster, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 65-1

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Maryland — LENGTH OF STAY (in this place) 1 yr. 9 mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY [illegible]

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 2 Chesley Avenue - Overlea 6, Md.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Margaret	---	Reitz	5	8	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed	2-10-1865	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	----	Baltimore, Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Michael ~~[illegible]~~ F. WOLFRUM	Margaret ~~[illegible]~~ FREIDEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
NO ----	NONE	Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Myocardial disease	about 5 mos.
422.1	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	General arteriosclerosis	?
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis, simple deterioration — 2 yrs.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
----	-------	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
----	-----	-------		

TIME (Month) OF INJURY	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
-----			M.		----------

22. I hereby certify that I attended the deceased from 11-10-, 1951, to 5-8-, 1952, that I last saw the deceased alive on 5-8-, 1952, and that death occurred at 3:15 P.m., from the causes and on the date stated above.

SIGNATURE	M. D. (DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Walther H. Sonnenfeldt	M. D.	Springfield State Hosp. Sykesville	5/8/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	MAY 9 1952	HOLY REDEEMER CEM	4430 BELAIR RD	MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-9-52	L	Duffel Bros	7110 BELAIR RD.

VS. A15 8-51

166

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 80

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Quality Hill

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
STREET ADDRESS (If rural, give location) Quality Hill

3. NAME OF DECEASED (Type or Print) (First) REBA (Middle) MAE (Last) RICHARDSON
4. DATE OF DEATH (Month) May (Day) 15 (Year) 1952

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 1/26/1881
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Charles E Richardson
14. MOTHER'S MAIDEN NAME Martha Dwiebiss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Raymond Richardson New Windsor Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of uterus — INTERVAL BETWEEN ONSET AND DEATH 10 ± yrs

174X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Valvular heart disease — 4 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1950 to May 15, 1952 that I last saw the deceased alive on ....., 19....., and that death occurred at 11:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] Wilkens MD ADDRESS [illegible] DATE SIGNED 5/17/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/18/52
NAME OF CEMETERY OR CREMATORY Winters Cemetery
LOCATION (City, town, or county) Carroll County (State) Md.

DATE REC'D BY LOCAL REG. May 17-1952
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR D. D. Hartzler & Sons ADDRESS Union Bridge & New Windsor Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 20 1952
BUREAU U. S.

(2)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

'67

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg; LENGTH OF STAY (In this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Finksburg Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) Berrymans Lane

3. NAME OF DECEASED (Type or Print): (First) (Miss) EUGENIA (Middle) ADELENA (Last) SCHMIDT
4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: AUG. 5, 1884
9. AGE last birthday: 67 yrs. If under 1 year: Months. If under 1 day: Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: HENRY MILLER
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If year, give war or dates of service) none.
16. SOCIAL SECURITY NO. —
17. INFORMANT: Mrs. Celeste Wolfe, Miami Fla.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis. — 1 wk.

332 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) arteriosclerotic Vascular Disease — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left Hemiplegia — 6 mo.

19a. DATE OF OPERATION: none.
19b. MAJOR FINDINGS OF OPERATION: none.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none. (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): none. m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none.

22. I hereby certify that I attended the deceased from 11-26, 1951, to 5-17, 1952, that I last saw the deceased alive on 5-16, 1952, and that death occurred at 6:15a. m., from the causes and on the date stated above.

SIGNATURE: D. D. Caplan (Degree or title) M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: May 17 '52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: May 21/52 NAME OF CEMETERY OR CREMATORY: Laudon P.C. LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 5/20/52 REGISTRAR'S SIGNATURE: J. A. W. Hedrick
24. FUNERAL DIRECTOR: Harry H. Lantz Jr. ADDRESS: 1101 Edmondson Ave

11 Frei

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 58

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton
LENGTH OF STAY (in this place) 2yrs 4mths 8days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rocksville, Maryland
STREET ADDRESS (If rural, give location) Glen Hill Road

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) Augustus (Last) Sewell

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 11, 1920
9. AGE last birthday: 31 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Private Family
11. BIRTHPLACE (State or foreign country): Rocksville, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Sewell
14. MOTHER'S MAIDEN NAME: Helen Dove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Far Advanced Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: August, 1949
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 13, 1950, to May 21, 1952, that I last saw the deceased alive on May 21, 1952, and that death occurred at 7:45 P.m., from the causes and on the date stated above.

SIGNATURE I.F. Vestal (DEGREE OR TITLE) M.D. ADDRESS Henryton, Maryland DATE SIGNED 5/21/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5/24/52
NAME OF CEMETERY OR CREMATORY Lincoln Park
LOCATION (City, town, or county) (State) Rockville, Md

DATE REC'D BY LOCAL REG. 5/21/52
REGISTRAR'S SIGNATURE Albert R. Swankham
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

RECEIVED
MAY 26 1952
BUREAU V. S.

5169

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 71

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Uniontown
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Uniontown
STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED (Type or Print) (First) VIRGINIA (Middle) REBECCA (Last) SITTIG
4. DATE OF DEATH (Month) May (Day) 20 (Year) 1952
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH 12/28/1894
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME J Edward Davis
14. MOTHER'S MAIDEN NAME Mary Shuey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Carl H Sittig, Westminster, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Min
416X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic Heart disease	Years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to May 20, 1952, that I last saw the deceased alive on May 19, 1952, and that death occurred at 4:45A m., from the causes and on the date stated above.

SIGNATURE James T Thorah (Degree or title) M.D. ADDRESS Westminster Md DATE SIGNED May 21/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 23-1952
NAME OF CEMETERY OR CREMATORY Pipe Creek
LOCATION (City, town, or county) Carroll Co (State) Md

DATE REC'D BY LOCAL REG. May 23, 52
REGISTRAR'S SIGNATURE Margaret R. Englar
24. FUNERAL DIRECTOR D D Hartzler & Sons ADDRESS New Windsor & Union Bridge Md

RECEIVED
JUN 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 170 74 3-2

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) since 6/8/48
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg
STREET ADDRESS --- (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Erastus (Middle) Joseph (Last) SLATE

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: March 9, 1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months – Days – IF UNDER 24 HRS.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: George Slate

14. MOTHER'S MAIDEN NAME: Catherine Krietz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	10 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Valvular heart disease	10 months
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. schizophrenia — 57 years

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --- (CITY OR TOWN) --- (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) --- M.

INJURY OCCURRED While at work ☐ Not while at work ☐ ---

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Feb. 28, 1950, to May 19, 1952, that I last saw the deceased alive on May 19, 1952, and that death occurred at 10:35 P.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (DEGREE OR TITLE) ADDRESS Sykesville, Maryland DATE SIGNED May 19, 1952

Martin Gross M.D.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF May 23/52

NAME OF CEMETERY OR CREMATORY Druid Ridge

LOCATION (City, town, or county) (State) Pikesville Maryland

DATE REC'D BY LOCAL REG. May 23-52

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Loring Byers 5005 Ph Hyattsville

C. Harry Weer

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 71

CERTIFICATE OF DEATH

Reg. Dist. No. 74

M

1

T

VS. A15 8-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Carroll MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lykesville

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 3618 Old Frederick Rd

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) State Saloma Smith

4. DATE OF DEATH: (Month) (Day) (Year) May 11 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1895

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: not any

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Greenwald

14. MOTHER'S MAIDEN NAME: Sarah C Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Sarah Greenwald

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

331X

Antecedent cause(s) DUE TO (b) Epilepsy — 50 yrs

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14 1938 to May 11, 1952, that I last saw the deceased alive on May 11, 1952, and that death occurred at 5:10 P.M., from the causes and on the date stated above.

SIGNATURE B. L. Martin M.D. (DEGREE OR TITLE) ADDRESS Lykesville Md. DATE SIGNED May 11 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF May 15-1952

NAME OF CEMETERY OR CREMATORY Jennings Chapel

LOCATION (City, town, or county) Howard Co Md (State)

DATE REC'D BY LOCAL REG. 5/12/52

REGISTRAR'S SIGNATURE A. C. Hedrick Imp.

24. FUNERAL DIRECTOR Robt C. Walters

ADDRESS 3512 Frederick Ave

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 72 77

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snydersburg
LENGTH OF STAY (in this place) 26 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snydersburg
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) RALPH-L-SMITH.

4. DATE OF DEATH (Month) (Day) (Year) May 4 1952

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov 11-1925
9. AGE last birthday 26 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner
10b. KIND OF BUSINESS OR INDUSTRY Huckster
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Carroll C Smith
14. MOTHER'S MAIDEN NAME Evelyn E Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) World War #2 (If yes, give war or dates of service) 10/18/45 to 8/3/46
16. SOCIAL SECURITY NO. 220-18-1845
17. INFORMANT AND ADDRESS Mrs Ralph Smith, Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	3 1/4 hrs
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-4, 1952, to 5-4, 1952, that I last saw the deceased alive on dead on arrival, 19....., and that death occurred at 5:15 a m., from the causes and on the date stated above.

SIGNATURE M. C. Porterfield (Degree or title) M. D Act. Dep. Rev. Exam ADDRESS Hampstead DATE SIGNED 5/5/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 6 1952
NAME OF CEMETERY OR CREMATORY Snydersburg
LOCATION (City, town, or county) Carroll Co (State) Md

DATE REC'D BY LOCAL REG. May 5-1952
REGISTRAR'S SIGNATURE John S. Hughes
24. FUNERAL DIRECTOR Edw C Tipton ADDRESS Hampstead Md

RECEIVED
MAY 6 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

73

1. PLACE OF DEATH:

COUNTY CARROLL MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE

LENGTH OF STAY (in this place) 6 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 18

STREET ADDRESS (If rural, give location) 10 West 20th Street

3. NAME OF DECEASED: (Type or Print) (First) HIRAM (Middle) (Last) SNYDER

4. DATE OF DEATH: (Month) 5 (Day) 13 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: May - 1872

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RAILROAD CLERK

10b. KIND OF BUSINESS OR INDUSTRY: R. R.

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service) ?

16. SOCIAL SECURITY NO.: Unk—

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: Indefinite

4x

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis, simple deterioration — Indefinite

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1952, to May 13, 1952, that I last saw the deceased alive on May 13, 1952, and that death occurred at 1 p. m., from the causes and on the date stated above.

SIGNATURE Henry C. A. Mead (DEGREE OR TITLE) ADDRESS DATE SIGNED

Henry C. A. Mead, M. D. Springfield State Hospital, Sykesville, Maryland May 14, '52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 5/20/52 NAME OF CEMETERY OR CREMATORY St Peters LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. May 19 1952 REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR Wm Cook Inc, 1217 St Paul St. ADDRESS Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 2[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1744

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Henryton

LENGTH OF STAY (in this place) 10 mths. 11 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bristol

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
ISABELLE	DELORES	SOLLERS	May	22	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	Negro	Single	May 14, 1933	19 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Scholar		Bristol, Maryland	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles Sollers	Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	Lost	Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Far Advanced Bilateral Pulmonary Tuberculosis	March, 1951
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO with cavitation.	
	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from July 1 19.52., to May 22, 19.52., that I last saw the deceased alive on May 22, 1952, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
T. F. Wood	M. D.	Henryton, Maryland	5/22/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, or town, or county) (State)
Burial	May 25, 1952	Mosea Cem.	Drury, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-22-52	Albert R. Swankhaus Deputy Local	L. A. Hardesty & Sons, Galesville, Md.	

RECEIVED
MAY 26 1954
BUREAU V. S.

175

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 81

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural; MARYLAND; LENGTH OF STAY (In this place) 6 years

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) HENRY (Last) STAMBAUGH

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 4/5/1878

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles E. Stambaugh

14. MOTHER'S MAIDEN NAME: Ellen Weddle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Edward Stambaugh, Union Bridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prostatis, cystitis, with kidney involvement

611X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to May 18, 1952, that I last saw the deceased alive on May 17, 1952, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. N. Leggett, M.D. ADDRESS Union Bridge DATE SIGNED 5-19-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF 5/21/52; NAME OF CEMETERY OR CREMATORY United Brethren Cem.; LOCATION (City, town, or county) (State) Thurmont, Md.

DATE REC'D BY LOCAL REG. May 19 1952; REGISTRAR'S SIGNATURE Leslie Repp

24. FUNERAL DIRECTOR: D. D. Hartle & Sons; ADDRESS Union Bridge & New Windsor Md

RECEIVED
MAY 20 1952
BUREAU N. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 24yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2741 St.Paul St.

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) (Last) Steever

4. DATE OF DEATH: (Month) May (Day) 13 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Nov. 12th,1867
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months 6 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edwin W.Steever
14. MOTHER'S MAIDEN NAME: Susan R. Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Sarah George

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary Oeclusion	sudden
420.1	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Genl. Arterio Sclerossis	20 yrs.
	DUE TO		
	(c)	Epliptic	60 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June14 1935, to May 13 1952, that I last saw the deceased alive on May 13, 1952, and that death occurred at 6:50 m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) MD ADDRESS Sykesville DATE SIGNED May13 1952

23. BURIAL, CREMATION REMOVAL, (Specify): BURIAL DATE THEREOF May 1952 NAME OF CEMETERY OR CREMATORY Immanuel Cem. LOCATION (City, town, or county) (State) Balto Md.

DATE REC'D BY LOCAL REG. 5-19-52 REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR PAUL A. HEEMANN ADDRESS 6067 HARFORD RD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AIS 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 77

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hampstead
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Houckesville road Hampstead

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Homestead
STREET ADDRESS (If rural, give location) Houckesville road Hampstead

3. NAME OF DECEASED (Type or Print): (First) Edna (Middle) M. (Last) Stultz
4. DATE OF DEATH: (Month) 5 (Day) 16 (Year) 52

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 11/6/76
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Canning factory
11. BIRTHPLACE (State or foreign country): Carroll co md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Jacob Wink
14. MOTHER'S MAIDEN NAME: Josephine Belschner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-14-3990
17. INFORMANT AND ADDRESS: Mrs. Irving Newman, Hampstead, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Coronary Arteriosclerosis — 2 yrs
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to May 16, 1952, that I last saw the deceased alive on 5-14, 1952, and that death occurred at 11 p m., from the causes and on the date stated above.

SIGNATURE: M D Butterfield — (Degree or title) M.D — ADDRESS: Hampstead, Md — DATE SIGNED: 5-17-52

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: 5/18/52 — NAME OF CEMETERY OR CREMATORY: Manchester Cem. — LOCATION (City, town, or county) (State): Manchester, Carroll Co Md

DATE REC'D BY LOCAL REG.: May 17-1952 — REGISTRAR'S SIGNATURE: John L. Hughes

24. FUNERAL DIRECTOR: R B Wink — ADDRESS: 104 Park ave Manchester Md

RECEIVED
MAY 2-
BUREAU W. IS.

178

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY York
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester — LENGTH OF STAY (In this place) 4 mo.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover Pa
HOSPITAL OR INSTITUTION OR STREET ADDRESS Longview Nursing Home	STREET ADDRESS (If rural give location) 151 Third St.

3. NAME OF DECEASED (Type or Print) (First) Rosa (Middle) M. (Last) Van Hise			4. DATE OF DEATH (Month) May (Day) 13 (Year) 1952		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH 2-17-1866	9. AGE last birthday 86 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Swartz			14. MOTHER'S MAIDEN NAME Elizabeth Price		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs Mary Krug 808 Boundary Ave Hanover Pa		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Carcinomatosis ?

170X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary Carcinoma left breast ?

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) —	(COUNTY) —	(STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at ~~Work~~ ☐ Not While ~~At work~~ ☐	HOW DID INJURY OCCUR? —		

22. I hereby certify that I attended the deceased from Jan 19, 1952, to May 13, 1952 that I last saw the deceased alive on May 13, 1952 and that death occurred at 8:40 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Joseph E Bush	MD	Hampstead Md	5/13/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE May 16, 1952	NAME OF CEMETERY OR CREMATORY Cokesbury	LOCATION (City, town, or county) Abingdon Harford (State) Md
DATE REC'D BY LOCAL REG. May 19-52	REGISTRAR'S SIGNATURE Mrs. W. P. Denner	24. FUNERAL DIRECTOR Howard K. McComas & Son	ADDRESS Abingdon Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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RECEIVED
MAY 23 1952
BUREAU V. S.

COPY SENT TO ~~LOCAL~~ REGISTRAR No. C46 DATE 5-23-52

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1924

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Henryton
LENGTH OF STAY (in this place) 11 Mths. 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 616 S. Fremont Avenue

3. NAME OF DECEASED: (Type or Print) (First) FAYE (Middle) (Last) WARD

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 15, 1925

9. AGE last birthday: 27 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress

10b. KIND OF BUSINESS OR INDUSTRY: Lunch Room

11. BIRTHPLACE (State or foreign country): Clinton, South Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Ward

14. MOTHER'S MAIDEN NAME: Ida Rivers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Lost

17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Far Advanced Bilateral Cavitary Tuberculosis	September
002 X Antecedent cause(s)	DUE TO (b)	1950
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30, 19 51, to May 30, 19 52, that I last saw the deceased alive on May 30, 19 52, and that death occurred at 4:50 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) I. F. Vestal M. D

ADDRESS Henryton, Maryland

DATE SIGNED 5/30/52

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF 6/3/52

NAME OF CEMETERY OR CREMATORY University Med. School

LOCATION (City, town, or county) Balto City (State) Md

DATE REC'D BY LOCAL REG. 5/30/52

REGISTRAR'S SIGNATURE Albert R. Trautham Local Deputy

24. FUNERAL DIRECTOR Frances A. Hemsley

ADDRESS 578 Biddle St

VS-A15 8-51

RECEIVED
JUN 4 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Uniontown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) VERNON (Last) WELLER
4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1952
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 2/27/1934
9. AGE last birthday: 18 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student boy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John W. Weller
14. MOTHER'S MAIDEN NAME: Louise Gaither
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: John W. Weller Uniontown Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fract. Skull - Suffocation due to Compression of Chest — min

835.8 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 140 | (CITY OR TOWN) Westminster | (COUNTY) Carroll | (STATE) Md

TIME OF INJURY: (Month) May (Day) 24 (Year) 52 (Hour) 1:10 p. m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Automobile Accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Isaac T. Mook (Degree or title) Deputy Medical Examiner | ADDRESS Westminster Md | DATE SIGNED 5/24/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 5/26/52 | NAME OF CEMETERY OR CREMATORY Pipe Creek Cem | LOCATION (City, town, or county) Carroll County (State) Md.

DATE RECD BY LOCAL REG. 5/24/52 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR C. D. Hesson & Sons | ADDRESS Union Bridge & New Windsor, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MAY 27 1952
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05181

CERTIFICATE OF DEATH

Reg. Dist. No. 82

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Airy
LENGTH OF STAY (in this place): 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Airy
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ROSCOE (Middle) LEVI (Last) WET ZEL

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 8-18-1888

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: laborer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Wetzel

14. MOTHER'S MAIDEN NAME: Mary Dayhoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): W.W. I

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Harry Wetzel, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Larynx — Interval between onset and death: about 1 year.

161X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to May, 1952, that I last saw the deceased alive on May 14, 1952, and that death occurred at 5:55 A.m., from the causes and on the date stated above.

SIGNATURE: W B Culwell (Degree or title): M.D. ADDRESS: Mt Airy, Md DATE SIGNED: May 15, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL DATE: 5-18-1952 NAME OF CEMETERY ~~OR CREMATORY~~: Pine Grove LOCATION (City, town, or county) (State): Mt. Airy, Md.

~~DATE~~ REC'D BY LOCAL REGISTRAR: May 16/52 REGISTRAR'S SIGNATURE: Mrs D Snyder

24. FUNERAL DIRECTOR ADDRESS: C. M. Waltz, Winfield, Md.

RECEIVED
MAY 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 744

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Henryton

LENGTH OF STAY (in this place): 13 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Harford

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Abington

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
AGNES ELIZABETH WILLIAMS	May 8 1952	Female	Negro	Married	May 18, 1914	37 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Domestic	Private family	Abington, Maryland	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Washington	Mabie Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	216-16-5011	Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Far Advanced Bilateral Cavitary Pulmonary Tuberculosis,	
002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Dec., 1951
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Apr. 24, 1952, to May 8, 1952, that I last saw the deceased alive on May 8, 1952, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
I. F. Vestal	M. D.	Henryton, Maryland	5-8-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 11, 1952	John Wesley Cem.	Abingdon, Harford Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/8/52	Albert R. Swanstrom Deputy Local	Howard K. McComas & Son	Abingdon Maryland

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MAY 13 1952
BUREAU V. S.